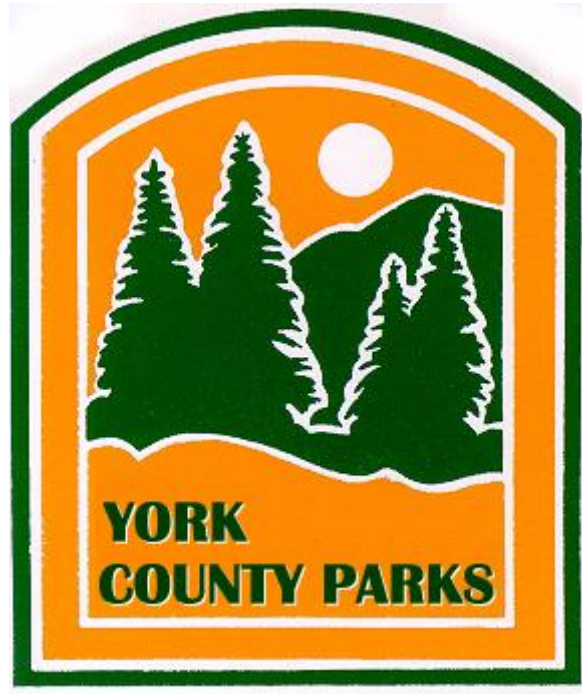


YORK COUNTY PARKS



Small Wonders Series
Registration Packet

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I. Welcome

Welcome to York County Parks. We are delighted that you have chosen to join us for the Fall Small Wonders Series. During Small Wonders, your child will explore, experience, discover and (don't tell them) learn while having fun.

A. Our Curriculum

York County Park programs provide environmental education learning experiences based on the Constructivist Learning Theory. This honors background experiences and provides discovery-learning opportunities. One of the most important goals of our curriculum is to encourage students to become lifelong learners, discovering the amazing wonders of nature.

Our programs are formed around the following learning styles:

- ❖ Linguistic: reading, writing, story telling
- ❖ Logical/Mathematical: experiments, problem solving, reasoning/logic
- ❖ Spatial: drawing, building, designing, puzzles, using their imagination
- ❖ Musical: singing, instruments, sounds, rhythm
- ❖ Kinesthetic: moving around, games, dance, sports, body language
- ❖ Interpersonal: group/teamwork, communicating, sharing, cooperating
- ❖ Intrapersonal: journaling, individual work, working in an independent self-paced instruction
- ❖ Naturalistic: discriminate among living things as well as sensitivity to the natural world features.

Learning is play. Learning is fun. Play is learning...

B. Program Emphasis

Small Wonders: Ages 3-4 with an adult

Small Wonders is just the beginning of your child's lifelong learning adventure. Park staff will build on the student's energetic nature and their natural awe and wonder with new experiences using hands-on sensory exploration to learn about their world. Park staff will direct and instruct lessons while parents guide and learn alongside their child as they grow to become nature enthusiasts.

C. Staff

We believe strongly in positive, enthusiastic, energetic role models for your children. Experienced full time staff and seasonal staff use their skills to create fun and educational programs. All York County employees receive background checks before hiring.

Park staff is available to share information concerning your child on a daily basis. We welcome your input, as you are the foremost expert on your child's needs. Call or email us any time prior to the start of your child's program to discuss any special circumstances or accommodations that would help us to provide a better experience for your child.

D. Contact Information

Nixon County Park Nature Center: 717- 428-0356 or nixoncountypark@yorkcountypa.gov
Amber Carothers, Park Naturalist: 717-428-0356 or alcarothers@yorkcountypa.gov
Park Headquarters at Rudy County Park: 717-840-7440

II. Policies

A. Registration

- Spaces are limited and reserved only with full payment.
- To register by mail: Print out the Registration Packet at www.yorkcountypa.gov Mail completed forms along with full payment to **York County Parks, 400 Mundis Race Road, York, PA 17406.**
- To register by phone: Call York County Parks at (717) 840-7440 during regular business hours to register by phone. Staff will complete the registration form. Print out Health Form from www.yorkcountypa.gov. Mail completed health form along with full payment to the above address within 2 weeks.
- York County Parks accepts checks, money orders or credit cards. All credit card transactions are subject to a 4% service fee.

B. Absences/Tardiness

If a child will not be attending due to illness or other reason, it is the parent or guardian's responsibility to inform the staff. Please call Nixon County Park at 717-428-0356 as soon as possible to inform us of such occasions. If your child is going to be tardy please call so that we can make arrangements for you and your child to meet up with the group if possible.

C. How to Come Prepared

What to wear to the program:

- Comfortable, appropriate, and layered clothing to accommodate changing weather conditions.
- Solid shoes. No open-toed shoes, backless shoes, crocs, flip flops or sandals.
- A hat for sun protection.
- Sunscreen and insect repellent.
- Raincoat and boots as needed.

D. Weather

The majority of programs take place in an outdoor setting. In the event of severe weather (i.e.: storms or extreme weather), activities will be altered as needed.

E. Cancellations and Refunds

Full refunds will be given when the cancellation occurs at least 30 days prior to the start of the program. If cancellation occurs within 30 days of the program a refund will be issued only if your child's spot is filled by another participant.

F. Evaluation

We are open to and embrace any and all feedback. Please feel free to give us feedback at any time. You may schedule an appointment with a staff member at any time to discuss your family's needs. Parents/guardians along with their child will be asked to fill out an evaluation at the end of the program. Your feedback is vitally important to us and helps us to constantly improve and provide quality programs. Please take the time to tell us how you feel we are doing and provide any suggestions or comments about your expectations of York County Parks.

III. Forms

A. Registration

B. Health Form

2013 FALL SMALL WONDERS SERIES REGISTRATION FORM

Please mail full payment with the completed registration and health form to **York County Parks, 400 Mundis Race Road, York, PA 17406**. Make checks payable to York County Parks. You may also register over the telephone if paying with a Visa, Discover or MasterCard (a service charge of 4% will be added). **Call (717) 840-7440 between 8:30 am – 4:30 pm, Monday through Friday**. Your registration is not official until full payment has been received.

For specific questions please contact Amber Carothers, Park Naturalist at (717) 428-1961 or alcarothers@yorkcountypa.gov. Please do not use this telephone number or email for registration. ***The age limit on is strictly enforced, no exceptions. Please, one child per form!***

Students Name _____ Nickname _____ Sex: M or F

Birth Date and Location: _____ Age: _____ (as of class date)

Parent/Guardian Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email Address _____

I would like to enter my child for the following session:

_____ Small Wonders	Sept. 11, 18, 25 Oct. 2, 9	Ages 3-4, with an adult	9:30-11:30 a.m.	\$40.00 non-members \$30.00 park members
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Total Enclosed \$ _____

I am using (circle one) VISA MASTERCARD DISCOVER

Name on Card _____

Card Number _____ Expiration Date _____

HEALTH INFORMATION FORM

(PLEASE COMPLETE AND RETURN WITH REGISTRATION)

Students Name

Date of Birth

Age (as of class date)

Name of Adult attending class

Relationship to Student

Class Enrolled In: _____ Small Wonders

Emergency Contacts: The following adults are authorized to be contacted in the event of an emergency (please list at least 2 individuals):

Name

Relationship to Student

Phone

Name

Relationship to Student

Phone

Name

Relationship to Student

Phone

Physician's Name: _____ **Phone:** _____

Any special needs or accommodations? If so, please explain: _____

Any medical conditions? If so, please explain: _____

Any allergies to any items, foods, bees, medicine, etc? If so, please explain: _____

RELEASE WAIVER: As the parent or guardian of the enrolled student, I grant my permission to the York County Department of Parks and Recreation, for the child to participate in all of the scheduled activities for the session(s). For special exceptions, I have made arrangements through the Parks Department to accommodate the student. I also give my permission to the Parks staff to administer emergency First Aid to the enrolled student as needed. The Parks staff will immediately telephone the emergency contact person following a serious incident.

PARENT OR GUARDIAN

DATE